

**Annual Certification – Communications Equipment Insurance Agent**

LIC CV 2 (Rev 07/07)

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Producer Licensing Bureau  
320 Capitol Mall  
Sacramento CA 95814-4309  
916-492-3069  
[www.insurance.ca.gov](http://www.insurance.ca.gov)

**ANNUAL CERTIFICATION**

**To the California Insurance Commissioner Pursuant to CIC Section 1758.63 (a) (3)**

I, \_\_\_\_\_ as an officer or owner of

Print name

\_\_\_\_\_, hereby certify under penalty of perjury under the laws of the State of California that the following is true and correct for the twelve period from \_\_\_\_\_ to \_\_\_\_\_:

1. The number of employees qualified to offer insurance products under the authority of the communications equipment agent license for this period is \_\_\_\_\_.
2. No person other than an authorized employee sells or offers insurance on its behalf.
3. All authorized employees have completed the required training and/or have been retrained for this period.

Licensee's name \_\_\_\_\_

License number \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_